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								I A	pplication	ı or D	ocket Nur	nber
Effective October 1, 2003							O9/686964					
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMAL TYPE	L EI	NTITY	OR	OTHER		
TOTAL CLAIMS			į			RAT	E	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			minus 20=		*		X\$:	9=		OR	X\$18=	
INDEPENDENT CLAIMS			m	minus 3 = *			X43			1	X86=	*
ΜL	JLTIPLE DEPE	NDENT CLAIM P	RESENT		//-			OR				
								5=		OR	+290=	•
*	* If the difference in column 1 is less than zero, enter "0" in column 2							AL		OR	TOTAL	
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						OTHER THAN SMALL ENTITY OR SMALL ENTITY					
NT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO	EST BER OUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE	6	RATE	ADDI- TIONAL FEE
AMENDMENT	Total	.70	Minus	** 8	1	=	X\$ 9)=		OR	X\$18=	**
ME	Independent	* 2	Minus	*** 5		=	X43	=		OR	X86=	
Ľ	FIRST PRESE	NTATION OF MI	JLTIPLE DEI	PENDENT	CLAIM		+145				+290=	
								= TAL		OR	TOTAL	
		(C-1, 2)	ADDIT. F		w 11 1	OR	ADDIT. FEE					
		(Column 1) CLAIMS	."	(Colum		(Column 3)			ADDI	1 5		4001
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	*	Minus	**		. =	X\$ 9	=		OR	X\$18=	522
\ME	Independent	*	Minus	***		=	X43:			OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				1.45				. 200			
			• (1)		-		+145			OR	+290= TOTAL	•
	1						ADDIT. F			OR ,	ADDIT. FEE	
		(Column 1)		(Colum		(Column 3)					· ·	
AMENDMENT C	•	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA	RATE		ADDI- FEE		RATE	ADDI- TIONAL FEE
NDW	Total	*	Minus	#r#		=	X\$ 9:			OR	X\$18=	
ME	Independent	*	Minus	***	,	=	X43=	+		OR	X86=	
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				}	\dashv		-4				
* 1	the entry in colur	nn 1 is less than th	e entry in colu	mn 2. write '	"0" in col	umn 3	+145=			OR	+290=	
** [* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											
		ber Previously Paid					found in the	appr	opriate box	in colu	ımn 1.	